Case 22-11863-pmm Doc 59 Filed 08/14/23 Entered 08/14/23 15:08:35 Desc Main Document Page 1 of 4

Sill	in this information t	to identify your o	200:				1				
	btor 1	Julia C. McC									
	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	Α	_					
Cas	se number 22	-11863		_			Ch	eck if this is:			
(If kr	nown)							An amende			
										g postpetition ollowing date:	
0	fficial Form	1061						MM / DD/ Y	YYYY		
S	chedule I:	Your Inc	ome								12/15
atta	ch a separate she rt 1: Describ Fill in your empl	et to this form.	r spouse is not filing w On the top of any additi	onal pages, write y				number (if	known). A	nswer every	
	information.			Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	■ Employed□ Not employed				☐ Employed ☐ Not employed			
			Occupation	director of dining services							
	Include part-time, self-employed wo		Employer's name	Dunwoody Village							
	Occupation may or homemaker, if		Employer's address	3500 West Che newtown sq, P.		е					
			How long employed t	here? 4 mon	ths						
Pai	rt 2: Give De	tails About Mor	nthly Income								
	mate monthly incurse unless you are		ate you file this form. If	you have nothing to	report for	any	line, w	rite \$0 in the	space. Inc	clude your no	n-filing
,	ou or your non-filing e space, attach a s	•	ore than one employer, co	ombine the information	on for all	emplo	oyers f	or that perso	on on the li	nes below. If	you need
							For D	Debtor 1		otor 2 or ng spouse	
2.			ry, and commissions (b		2.	\$		7,982.00	\$	N/A	
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	7	,982.00	\$	N/A	

Deb	tor 1	Julia C. McCartha	-	(Case	number (if k	nown)	22-118	363		
	0	vellag 4 have	4			Debtor 1	2.00	non-f	ebtor iling s	pouse	
	Cop	y line 4 here	4.		\$_	7,98	2.00	\$		N/A	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	1,44	7.05	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		9.46	\$		N/A	_
	5d.	Required repayments of retirement fund loans Insurance	50		\$_		0.00	\$		N/A	_
	5e. 5f.	Domestic support obligations	5e 5f		\$_ \$		9.06 0.00	\$		N/A N/A	_
	5g.	Union dues	50		\$ -		0.00	\$ 		N/A N/A	_
	5h.	Other deductions. Specify:	_	9. h.+	<u>\$</u> —			+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$	2,34		\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		· —	5,63		\$		N/A	-
			•		Ψ —	3,00	0.40	Ψ		11//	-
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total	٥.	_	Φ.			Φ.			
	8b.	monthly net income. Interest and dividends	8a 8b		\$_ \$		0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent		υ.	Ψ_	'	0.00	Ψ		N/A	_
	00.	regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce			_			_			
	0.1	settlement, and property settlement.	80		\$_		0.00	\$		N/A	_
	8d. 8e.	Unemployment compensation Social Security	8c 8e		\$_ \$		0.00	\$ \$		N/A N/A	_
	8f.	Other government assistance that you regularly receive	OE	ፘ.	Ψ_	'	0.00	Ψ		IN/A	_
	01.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	!								
		Nutrition Assistance Program) or housing subsidies. Specify:	8f	f.	\$		0.00	\$		N/A	
	8g.	Pension or retirement income	8g	g.	\$		0.00	\$		N/A	_
	8h.	Other monthly income. Specify: 2021 Tax Refund (12mos average)	_ 8h	h.+	\$_	330	0.00	+ \$		N/A	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	33(0.00	\$		N/A	A
			1	L							
10.		•	10.	\$_	,	5,966.43	+ \$		N/A	= \$_	5,966.43
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	l								
11.	Incli othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify:	depe			•		•	chedule 11.		0.00
								_	1	· <u> </u>	2.20
12.		I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certail lies							12.	\$	5,966.43
									l	Combi	ned y income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?								, income
	_	Voc. Evoloin:	—								

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:						
Deb	Julia C. McCartha	Check if this is: An amended filing					
Deb	otor 2		_	g .	ving postpetition chapter		
(Spo	ouse, if filing)			the following date:			
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF PENN	N	MM / DD / YYYY				
	ee number						
O	fficial Form 106J						
S	chedule J: Your Expenses				12/15		
info	as complete and accurate as possible. If two married people a prmation. If more space is needed, attach another sheet to this mber (if known). Answer every question.						
Par 1.	t 1: Describe Your Household Is this a joint case?						
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?						
	□ No						
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i>	es for Separate Househ	old of Debto	or 2.			
0		o ioi copaiaio i ioacci		·· _ ·			
2.	Do you have dependents? ☐ No						
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state the	a la il al		45	□ No		
	dependents names.	child		<u>15</u>	■ Yes □ No		
		child (school)		23	■ Yes		
					□ No		
					☐ Yes		
					□ No		
3.	Do your expenses include				☐ Yes		
٥.	expenses of people other than						
	yourself and your dependents?						
Par	t 2: Estimate Your Ongoing Monthly Expenses						
exp	timate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sup blicable date.						
	lude expenses paid for with non-cash government assistance						
	value of such assistance and have included it on <i>Schedule I:</i> ficial Form 106I.)	Your Income		Your exp	enses		
4.	The rental or home ownership expenses for your residence.	Include first mortgage	4. \$		2,135.43		
	payments and any rent for the ground or lot.		π. ψ				
	If not included in line 4:						
	4a. Real estate taxes		4a. \$		0.00		
	4b. Property, homeowner's, or renter's insurance4c. Home maintenance, repair, and upkeep expenses		4b. \$ 4c. \$		0.00		
	4d. Homeowner's association or condominium dues		4d. \$		0.00		
5.	Additional mortgage payments for your residence, such as he	ome equity loans	5. \$		0.00		

B. Chil	ties: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services	6a. 6b.	\$ \$	390.00
6a. 6b. 6c. 6d. 7. Foo 8. Chil	Electricity, heat, natural gas Water, sewer, garbage collection		·	
6c. 6d. 7. Foo 8. Chil	Water, sewer, garbage collection	6b.	¢	
6c. 6d. 7. Foo 3. Chil			Ψ	100.00
6d. . Foo . Chil		6c.	\$	300.00
Chil	Other. Specify:	6d.	\$	0.00
Chil	d and housekeeping supplies		\$	470.00
	dcare and children's education costs	8.	\$	900.00
	hing, laundry, and dry cleaning	9.	\$	100.00
Pers	sonal care products and services	10.	\$	150.00
	ical and dental expenses	11.	\$	0.00
	sportation. Include gas, maintenance, bus or train fare.		·	0.00
	not include car payments.	12.	\$	200.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ritable contributions and religious donations	14.	\$	0.00
. Insu	<u> </u>		· —	
	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	231.00
15d.	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		· —	
Spe		16.	\$	0.00
'. Inst	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.		0.00
	r payments of alimony, maintenance, and support that you did not report as		<u> </u>	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	cify:	19.		
). Oth	er real property expenses not included in lines 4 or 5 of this form or on School	edule I: Yo	ur Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
. Oth	er: Specify:	21.	+\$	0.00
. • • • • • • • • • • • • • • • • • • •				0.00
	ulate your monthly expenses			
22a.	Add lines 4 through 21.		\$	4,976.43
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,976.43
	sulate your monthly net income.		_	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		5,966.43
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,976.43
23c.	Subtract your monthly expenses from your monthly income.	226	l _e	990.00
	The result is your monthly net income.	23c.	\$	330.00